Department of Veterans Affairs

Registration Form

Employee Education System
St. Louis Center
VA Medical Center (14B-JB)
#1 Jefferson Barracks Drive
St. Louis, MO 63125

Registration Deadline Date: August 31, 2001

Fax Number: 314-894-6506
ATTN: Bob DeGunia

This form must be completed and returned prior to the Deadline Date in order to be considered for attendance at this program

Program No.: 01.HCVC.A **Dates:** September 19-21, 2001
Title of Program: Updates on the Treatment and Supportive Care of Veterans with Hepatitis C
Location of Program: Hilton San Francisco & Towers, 333 O Farrell Street, San Francisco, CA

PARTICIPANT INFORMATION *(Please type or print)*

Name: *(First, MI, Last)* _____

Highest Professional Degree: *(i.e., M.D., Ph.D., R.N.)* _____

Alternate Name Badge
If the name and/or location on your name badge should be different, please indicate below:

First & Last Name: _____

City & State: _____

SSN: _____ **Sex:** ☐ Male ☐ Female

Job Title: _____

Occupational Category: ☐ Administrative ☐ Associated Health ☐ Physician ☐ Dentist ☐ Nurse

Employer Category: ☑ VHA ☐ VBA ☐ National Cemetery ☐ Other Federal ☐ Non-Federal

Accreditation/Approval Requested: ☐ ACCME ☐ ANCC ☐ SW ☐ ACPE ☐ APA ☐ Generic
(Type of certificate for this program)

Phone: _____ x _____ **FAX:** _____ x _____

For VA Employees
Facility (Name/Number): _____
Address: _____
City / State / Zip: _____
Service/Dept. Name: _____ Mail Routing Symbol: _____

For Non-VA Attendees
Company Name: _____
Address: _____
City / State / Zip: _____

Alternate Mailing Address
If *an address is different from that above* ***needs*** *to be used for mailing purposes, please indicate below:*

_____

(continued on reverse)

Program No.: 01.HCVC.A **Participant s Name:** _____

While at program, name & number to call in event of an emergency:

_____ _____ x _____

If you require special arrangements due to physical limitation(s), please describe:

N/A

Please indicate if you have any special dietary needs: N/A

TRAVEL INFORMATION *(if applicable)*

Authorized Travel Dates September 19, 2001 *travel to program* September 22, 2001 *return home*

AUTHORIZATION TO PARTICIPATE

Immediate Supervisor:

_____ _____
Signature *Date*

_____ _____
Name, Title *Phone*

Service Chief or
Next Higher Level Supervisor:

_____
Signature *Date*

_____ _____
Name, Title *Phone*